

CCC-564M
(05-27-03)U.S. DEPARTMENT OF AGRICULTURE
Commodity Credit Corporation

NOTE:

The authority for collecting the following information is Pub. L. 108-7, Agricultural Assistance Act of 2003. This authority allows for the collection of information without prior OMB approval mandated by the Paperwork Reduction Act of 1995. The time required to complete this information collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

2001 AND 2002 CROP DISASTER PROGRAM FOR MULTIPLE CROP - SAME ACREAGE CERTIFICATION

The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a). The authority for requesting the following information is The Agricultural Assistance Act of 2003 (Pub. L. 108-7) and 7 CFR Part 1480. The information will be used to determine eligibility for program benefits. Furnishing the requested information is voluntary. However, failure to furnish the requested information will result in a determination of ineligibility. In addition to the already published routine uses, this information may be provided to other agencies, IRS, Department of Justice, or other State and Federal Law enforcement agencies, and in response to a court magistrate or administrative tribunal. All information provided herein is subject to verification by the Commodity Credit Corporation. As provided in various statutes, failure to provide true and correct information may result in civil suit or criminal prosecution and the assessment of penalties or pursuit of other remedies. **RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.**

1. Farm Number(s) that have Multiple Cropped Acreage:	2. Crop Year <input type="checkbox"/> 2001 <input type="checkbox"/> 2002	3. Did other producers/operator/owners share in the additional crop(s) planted on this acreage? <input type="checkbox"/> YES <input type="checkbox"/> NO
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4. List as indicated in the following columns:											
A. Producer Name	B. Crop	C. Variety or Type	D. Share (%)	E. Acres	F. Practice	G. Stage	H. FSN	I. Unit No.	J. Crop Selected for Payment		K. COC Use Only Production
									YES	NO	

I understand that disaster benefits will not be paid on multiple crops produced on the same acreage unless the State FSA Committee approves the cropping practice and the farm has a multiple cropping history. I certify that all information reported on the CCC-564M is true and correct and understand that if any information is determined to be in error that the application may be denied or may result in a determination of ineligibility in whole or in part.

5. All or part of the acreage identified on the unit was devoted to more than one crop. Designate the crop and acreage for which disaster assistance is requested:

A. Crop		B. Acreage		C. Farm Number	
D. Producer Name (Signature)		E. Producer ID		F. Date Signed (MM-DD-YYYY)	
6A. Signature of COC or Designee				7A. County FSA Office Name and Address (Including Zip Code)	
6B. Date (MM-DD-YYYY)				7B. Telephone No. (Include Area Code):	